PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless correspondence address and or indicated unless maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

535 K.F. ROSS P.C 5683 RIVERDAI SUITE 203 BOX BRONX, NY 104	LE AVENUE 900	/2008	hav	e its own certificate	paper, such as an assignme of mailing or transmission. ifficate of Mailing or Trans s Fee(s) Transmittal is bein th sufficient postage for fir Stop ISSUE FEE; address O (571) 273-2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. (Depositor's name) (Signature)
APPLICATION NO.	T					(Date) CONFIRMATION NO.
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,292 TITLE OF INVENTION:	12/02/2005 SYSTEM UNIT FOR I	DESORBING CARBON	William Davey DIOXIDE FROM METH	ANOL	23152	9677
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(8) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/12/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
DOERRLER, WILLIAM CHARLES 3744			062-617000	J		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form FTOSB/I/22) attached. "Fee Address" indication (or "Fee Address" Indication form FTOSB/I/2; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys (2) the name of a single firm (having as a member a registered nature) or agento 30 mile names of up to 2 registered patent attorneys or agento. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the p	atent. If an assigne	e is identified below, the d	locument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY			
LURGI AG			FRANKFURT/MAIN, GERMANY			
Please check the appropria	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 Co	rporation or other private gr	oup entity Government
☑ Issue Fee ② Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by desider@ackFeenrpTQC.20082/Estats@@ack ☐ Payment by desider@ackFeenrpTQC.20082/Estats@@ack ☐ EFS ☐ Complete is hereby authorized to charge the required fee(s), any deficiency, or credit any overphyment, to Depoid Account Number ☐ Complete in the payment of the form).			
	SMALL ENTITY state	is. See 37 CFR 1.27.			LENTITY status. Sec 37 C	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	the applicant; a regis	tered attorney or agent; or t	he assignee or other party ir

Typed or printed name Andrew Wilford Registration No. 26, 597 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manates to complete, including gathering, preparing, and within 50 cm and/or suggestion. For excluding gathering, preparing, and within 50 cm and/or suggestion. For excluding this burden, should be sent to the chief Information Officer, U.S. Paters and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature / Andrew Wilford/

Date 3 November 2008